

**District of Columbia
Office of Contracting and Procurement**

**Master Supplier Information Collection Form
Phase I Agencies**

Vendor Name (Legal Name): _____

Vendor Number (1 + Tax ID): _____

Phone Number (including area codes and extensions): _____

General E-mail Address: _____

Vendor Website: _____

W9 Received Yes ☐ No ☐

W9 Tax ID Number: _____

Supplier/Vendor Type: _____ Ownership Code: _____

Contact: _____

Contact E-Mail Address: _____

Mail Code = 000 = Supplier Headquarters Address

Address: _____

City: _____ State: _____ Zip Code: _____

Mail Code = 200 = Payment Remittance Address if Different from 000

Address: _____

City: _____ State: _____ Zip Code: _____

Mail Code = 300 = Purchase Order Address if Different from 000

Address: _____

City: _____ State: _____ Zip Code: _____

Additional Purchase Order Addresses

Mail Code = 301 = Purchase Order Address if Different from 000

Address: _____

City: _____ State: _____ Zip Code: _____

Mail Code = 302 = Purchase Order Address if Different from 000

Address: _____

City: _____

State: _____

Zip Code: _____

Mail Code = 303 = Purchase Order Address if Different from 000

Address: _____

City: _____

State: _____

Zip Code: _____

Mail Code = 400 = Solicitation Address if Different from 000

Address: _____

City: _____

State: _____

Zip Code: _____

DUN & Bradstreet No. (DUNS): _____

(To apply for a DUNS number call 1-888-814-1435)

Do you want purchase order(s) forwarded by e-mail or fax? E-mail ☐ Fax ☐

Ordering E-Mail Address (Send Purchase Orders): _____

Ordering Fax Number (Send Purchase Orders): _____

Does your company accept Purchase Cards: Yes ☐ No ☐

LSDBE: Yes ☐ No ☐ LSDBE Number: _____

Are you interested in Electronic Fund Transfer for Payments? Yes ☐ No ☐

For Internal Use Only

First Contact Attempt Date: _____

Time: _____

Second Contact Attempt Date: _____

Time: _____

Third Contact Attempt Date: _____

Time: _____

Phone Log Comments:

Contract Specialist: _____

Phone Number: _____